

**AGENCY/CABINET EMPLOYEE PERFORMANCE EVALUATION AUDIT CHECKLIST**

Employee's Name/PerNr \_\_\_\_\_ Cabinet/Agency \_\_\_\_\_

Evaluator/Supervisor's Name \_\_\_\_\_ Performance Year \_\_\_\_\_

Auditor \_\_\_\_\_

<b>Employee Information</b>	Yes	No	N/A
Required information is accurate and has been completed in each field on the header of each page.			

<b>Performance Plan</b>	Yes	No	N/A
Evaluator has completed employee performance evaluation system training per 101 KAR 2:180.			
Performance plan was completed between the dates of January 1-January 31. (If not, justification is attached-if required)			

<b>Job Tasks Category</b>	Yes	No	N/A
Duties are listed on the evaluation form and are consistent with the employee's position description.			
Points assigned to each duty are weighted consistently with the employee's position description.			
Performance expectations are listed on the evaluation form for each duty.			
Expectations listed are specific, measurable and time bound.			
At least 50 points have been allocated to this category, distributed among the duties (not grouped together).			
If the employee is a supervisor, points are assigned for performance related to the evaluation process.			
A rating was indicated on the evaluation form for each duty. (Annual Evaluation)			
The rating indicated for each duty has been correctly multiplied by the points assigned for the duty and included in the Total column. (Annual Evaluation)			
The points in the Total column have been correctly added and are indicated in the appropriate space. (Annual Evaluation)			

<b>Adaptability/Initiative Category</b>	Yes	No	N/A
Duties and expectations are listed on the evaluation form.			
Expectations listed are specific, measurable and time bound.			
A minimum of 5 points has been allocated to this category, distributed among the duties.			
A rating was indicated on the evaluation form for each duty. (Annual Evaluation)			
The rating indicated for each duty has been correctly multiplied by the points assigned for the duty and included in the Total column. (Annual Evaluation)			
The points in the Total column have been correctly added and are indicated in the appropriate space. (Annual Evaluation)			

<b>Communication/Teamwork Category</b>	Yes	No	N/A
Duties and expectations are listed on the evaluation form.			
Expectations listed are specific, measurable and time bound.			
A minimum of 5 points has been allocated to this category, distributed among the duties.			
A rating was indicated on the evaluation form for each duty. (Annual Evaluation)			
The rating indicated for each duty has been correctly multiplied by the points assigned for the duty and included in the Total column. (Annual Evaluation)			
The points in the Total column have been correctly added and are indicated in the appropriate space. (Annual Evaluation)			

<b>Self-Management Category</b>	Yes	No	N/A
Duties and expectations are listed on the evaluation form.			
Expectations listed are specific, measurable and time bound.			
A minimum of 5 points has been allocated to this category, distributed among the duties.			
A rating was indicated on the evaluation form for each duty. (Annual Evaluation)			
The rating indicated for each duty has been correctly multiplied by the points assigned for the duty and included in the Total column. (Annual Evaluation)			
The points in the Total column have been correctly added and are indicated in the appropriate space. (Annual Evaluation)			

<b>Math</b>	Yes	No	N/A
The Adaptability/Initiative, Communication/Teamwork and Self-Management Categories have a combined total of 15 points minimum.			

The four categories total <b>100</b> points on the performance plan.			
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<b>1st Interim Review - January 1 - April 30</b>	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180.			
Review was completed between the dates of May 1-May 30. (If not, justification is attached-if required)			
Comments address all four performance categories.			
Comments provide specific examples of how the employee performed assigned duties.			
If employee is on leave, comments state "employee on leave."			
If employee was suspended, comments state "employee was suspended during this interim review period."			
Box is checked if employee attached comments as permitted.			
Employee signed and dated with red ink.			
Witness signed and dated with red ink (if employee refuses to sign).			
Evaluator signed and dated with red ink.			

<b>2nd Interim Review - May 1 - August 31</b>	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180.			
Review was completed between the dates of September 1-September 30. (If not, justification is attached-if required)			
Comments address all four performance categories.			
Comments provide specific examples of how the employee performed assigned duties.			
If employee is on leave, comments state "employee on leave."			
If employee was suspended, comments state "employee was suspended during this interim review period."			
Box is checked if employee attached comments as permitted.			
Employee signed and dated with red ink.			
Witness signed and dated with red ink (if employee refuses to sign).			
Evaluator signed and dated with red ink.			

<b>3rd Interim Review - September 1 - December 31</b>	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180.			
Review was completed between the dates of January 1-January 30. (If not, justification is attached-if required)			
Appropriate box has checked on the Interim Meeting Documentation section of the official evaluation form as required.			
If comments are provided, they address all four performance categories.			
If provided, comments contain specific examples of how the employee performed assigned duties.			
If employee is on leave, comments state "employee on leave."			
If employee was suspended, comments state "employee was suspended during this interim review period."			
Box is checked if employee attached comments as permitted.			
Employee signed and dated with red ink.			
Witness signed and dated with red ink (if employee refuses to sign).			
Evaluator signed and dated with red ink.			

<b>Final Performance Evaluation</b>	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180 and has supervised employee for at least 60 calendar days.			
Final evaluation was completed between the dates of January 1-January 31. (If not, justification is attached-if required)			
Ratings and calculations have been completed for each duty assigned.			
Interim review comments, provided throughout the year, justify the annual performance rating given.			
Category totals have been accurately transferred to Section A, and the overall total is correct.			
<b>Total does not exceed 500.</b>			
Correct selection has been marked in Section B that represents the overall score.			
Box is checked if the employee received an early final evaluation due to a late-year job change.			
Employee Response selection has been marked by the employee.			
Employee signed and dated with red ink.			
Witness signed and dated with red ink (if employee refuses to sign).			
Evaluator signed and dated with red ink.			
Next-line supervisor signed and dated with red ink.			

<b>Request for Reconsideration, if applicable</b>	Yes	No	N/A
Employee has signed the evaluation form as required and requested initial reconsideration within 5 working days of the interim review meeting.			
Evaluator has completed the initial reconsideration, marked a selection and signed and dated with red ink within 5 working days of receipt of request.			

Employee has marked a selection to the results of the initial reconsideration, signed and dated with red ink and/or requested reconsideration to the next-line supervisor within 5 working days of receiving reconsideration rating.			
The next-line supervisor has marked a selection, if next-line reconsideration requested, and signed and dated with red ink within 15 working days of receipt of request.			
The next-line supervisor has also attached a written statement identifying the results of the final reconsideration within 15 working days of receipt of request.			
Changes to the evaluation are initialed and dated with red ink.			

<b>Other</b>	Yes	No	N/A
Correct forms are used. No alterations are made to the forms.			
All required documentation is attached.			
If correction was required, both employee and supervisor initialed and dated each change in red ink.			

**Summary of Audit Findings and Corrective Actions:**

Summarize your agency/cabinets audit findings and outline the actions taken to correct any identified issues/concerns.